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PATENT

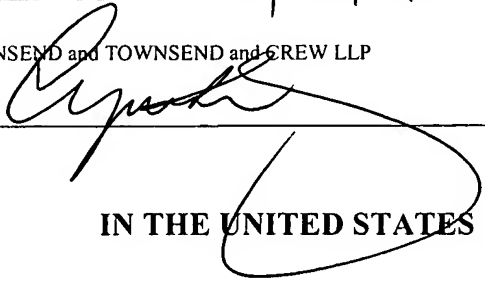
Attorney Docket No.: 16869K-040510US

Client Ref. No.: 477C SM/ot

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On 10/15/04

TOWNSEND and TOWNSEND and CREW LLP

By: 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Takanori Nishio et al.

Application No.: 10/717,341

Filed: November 18, 2003

For: OPERATION METHOD OF
STORAGE AND STORAGE AND
REMOTE STORAGE USED THEREIN

Customer No.: 20350

Confirmation No. 8188

Examiner: Midys Inoa

Technology Center/Art Unit: 2188

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed July 16, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number	10/717,341
Filing Date	November 18, 2003
First Named Inventor	Nishio, Takanori
Art Unit	2188
Examiner Name	Midys Inoa
Attorney Docket Number	16869K-040510US

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/
Incomplete Application
<input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication
to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please
identify below):
Return Postcard |
|---|--|--|
- Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP George B. F. Yee	Reg. No. 37,478
Signature		
Date	October 15, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Cynthia McKinley		
Signature		Date	October 15, 2004